24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign PAC	C C00235853

Check if ☒ 24-hour report   ☐ 48-hour report   ☐ New report   ☒ Amends report filed on   M M 02 / D D 14 / Y Y Y Y 2016

Full Name of Payee
Stones' Phones

Mailing Address 41-750 Rancho Las Palmas Dr Ste E-

City	State	Zip Code
Rancho Mirage	CA	92270

Purpose of Expenditure
Telephone Calls

Category/Type

Name of Federal Candidate
Hillary Rodham Clinton

☒ Support
☐ Oppose

Calendar Year-To-Date Per Election for Office Sought   54797.24

Date of Public Distribution/Dissemination
M M 02 / D D 13 / Y Y Y Y 2016

Amount   10269.84

Transaction ID : D622994
Date of Disbursement or Obligation
M M 02 / D D 13 / Y Y Y Y 2016

Office Sought: ☐ House   District: 00
☒ President   ☐ Senate   State: NV

Disbursement For: ☒ Primary   ☐ General
2016
☐ Other (specify) ▶ _____

Full Name of Payee

Mailing Address

City	State	Zip Code

Purpose of Expenditure

Category/Type

Name of Federal Candidate

☐ Support
☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Date of Public Distribution/Dissemination
M M / D D / Y Y Y Y

Amount

Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Office Sought: ☐ House   District: _____
☐ President   ☐ Senate   State: _____

Disbursement For: ☐ Primary   ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures... ▶   10269.84

(b) SUBTOTAL of Unitemized Independent Expenditures .... ▶

(c) TOTAL Independent Expenditures.. ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd
_____ *[Electronically Filed]*
Signature

Date M M 02 / D D 26 / Y Y Y Y 2016

: 97 ˙A=G7 9 @@5 B9 CI G˙H9 L H˙F9 @5 H98 ˙HC ˙5 ˙F9 DCFHžG7 < 98 I @9 ˙CF ˙+H9 A =N5 H=CB

Form/Schedule: F24A
Transaction ID :

        Amended original report FEC-1049327 when the final invoice was received from vendor.

Form/Schedule:
Transaction ID: